

P02000079841

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(City/State/Zip/Phone #)

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10/22/07--01008--024 **643.75

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07 OCT 19 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Chg. Amend
Km 10/22/07

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jag Trucking Serv Corp

DOCUMENT NUMBER: P02000079841

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria T. Garcia

(Name of Contact Person)

Jag Trucking Serv Corp

(Firm/ Company)

160 Kensington way

(Address)

R.P. BCH., FL. 33414

(City/ State and Zip Code)

For further information concerning this matter, please call:

Maria T. Garcia

(Name of Contact Person)

at (561) 319-8124

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

07 OCT 19 AM 11:40

JAG TRUCKING CORP.

(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P02000079841

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

JAG TRUCKING SERV. CORP

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 10-17-07

Effective date if applicable: 10-17-07
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Maria Garcia
(If a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA GARCIA
(Typed or printed name of person signing)

Pres
(Title of person signing)

FILING FEE: \$35

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000079841

1. Corporation Name

Jag Trucking ~~XXXXX~~ Corp

2. Principal Office Address - No P.O. Box #
160 Kensington way

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Bch , FL.

City & State

Zip
33414

Country
PB 06

Zip

Country

7. Name and Address of Current Registered Agent

Name
Garcia, Maria T

Street Address (P.O. Box Number is Not Acceptable)
160 Kensington way

Suite, Apt. #, Etc.

City
Royal Palm Bch , FL.

State
FL

Zip Code
33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Maria Garcia

REGISTERED AGENT MUST SIGN

Date

10/17/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Maria T. Garcia	160 Kensington way	R.P. BCH., FL. 33414
VP	Jose A. Garcia	160 Kensington way	R.P. BCH., FL. 33414

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maria Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-MARIA Garcia

Date

10/17/07

Daytime Phone #

561 319-8124

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07 OCT 19 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200111103172
10/22/07--01008--024 **\$43.75

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2002

5. FEI Number
550787884

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.